

FAX signed request to
NC LINKS Coordinator
(919) 715-0766
8/15/03

County # ____ FSCW-09

**REQUEST FOR REIMBURSEMENT
LINKS SPECIAL FUNDS**

Please reimburse (Total amount due) _____ to the _____ County Department of Social Services for funds spent on behalf of the following individuals. I certify that the individuals listed below are 1) eligible under the guidelines specified by the LINKS program; 2) were pre-authorized for access and 3) that expenditures for which reimbursement is claimed were allowable and appropriate according to LINKS policy.

Certified by _____, Position _____ Date _____

PLEASE PRINT INFORMATION CLEARLY

NAME	DOB	SIS ID	Trust Fund/ Aftercare (maximum \$500/yr)	Scholarship Funds (maximum \$750/yr)	Transitional Housing (maximum \$1000/yr)	Funds for Extremely High Risk Youth (maximum \$1000/yr)	Purpose of expenditure
TOTALS per fund							